

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/5206986  
FILING DATE  
APPLICANT(S)

CLAIMS

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	3					
5	1					
6	1					
7	0					
8	1					
9	0					
10	0					
11	0					
12	0					
13	1					
14	3					
15	2					
16	2					
17	0					
18	0					
19	0					
20	1					
21	1					
22	1					
23	3					
24	1					
25	1					
26	1					
27	3					
28	0					
29	2					
30	0					
31	1					
32	1					
33	1					
34		1				
35			1			
36			3			
37			3			
38			3			
39			3			
40			3			
41			3			
42			3			
43			3			
44			3			
45			3			
46			3			
47			3			
48			3			
49			3			
50			3			
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						
100						
TOTAL IND.			↓		4	↓
TOTAL DEP.			←		73	←
TOTAL CLAIMS					77	